Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER PRIME HEALTHCARE SERVICES, INC.	**CALIFORNIA FORM 497**

Date of This Filing _____ 09/22/2020 _____

Report No. _____ 1 _____

Date Stamp

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 494196

☐ **Amendment to Report No.** _____
(explain below)

Page 1 of 3

STREET ADDRESS

CITY ONTARIO	STATE CA	ZIP CODE 91761

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
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*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

2503762-0

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NAME OF FILER PRIME HEALTHCARE SERVICES, INC.	**CALIFORNIA FORM 497**

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Page 2 of 3

CITY ONTARIO	STATE CA	ZIP CODE 91761

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/21/2020	No on Measure LH Sacramento, CA 95814 ID# Pending Memo Reference: 1	LH(LH) City of Lynwood	$390,000.00	11/03/2020

Reason for Amendment:

2503762-0

Memo Reference: 1
Contributor: St. Francis Medical Center